



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SOUTH TEXAS RADIOLOGY
PO BOX 29490
SAN ANTONIO, TX 78229-0490

Respondent Name

INDEMNITY INSURANCE CO OF NORTH

Carrier's Austin Representative Box

Box Number 15

MFDR Tracking Number

M4-12-1817-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We were given Nationwide Insurance at time services were rendered. It was not until 09/14/2011 that we received patient's workers compensation information. Per TDI-DWC Rule §133.20 we had 95 days from the time we were notified of Workers Compensation Insurance to file this claim...06/02/2011 Patient provided a Nationwide Insurance card at time services were rendered.(SEE ATTACHMENT B) 07/05/2011 Received a letter from Nationwide. They requested accident details.(SEE ATTACHMENT C) 09/14/2011 Received phone call from Amber Castillo with Gallagher Bassett. She provided us with Work Comp information.(SEE ATTACHMENT D) 09/21/2011 We billed Gallagher Bassett. 10/13/2011 We received an EOB denying our claim for past filing deadline.(SEE ATTACHMENT E)"

Amount in Dispute: \$47.32

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The respondent did not submit a response.

Response Submitted by: N/A

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 2, 2011	73560	\$47.32	\$47.32

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.

2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §134.203 sets out the guidelines for reimbursement of Workers' Compensation Professional Services provided on or after March 1, 2008
4. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated October 6, 2011

- 29-The time limit for filing has expired.
- BL-To avoid duplicate bill denial, for all recon/adjustments/additional pymnt requests, submit a copy of this EOR or clear notation tha
- BL Section 413.042 of the Texas Labor Code prohibits a provider from balance billing an injured worker for worker's compensation compen

Explanation of benefits dated December 12, 2011

- 29-The time limit for filing has expired
- 29-This line was included in the reconsideration of this previously reviewed bill.
- BL-This bill is a reconsideration of a previously reviewed bill, allowance amounts do not reflect previous payments
- BL-Additional allowance is not recommended as this claim was paid in accordance with state guidelines, usual customary policies, or the
- BL-To avoid duplicate

Issues

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with 28 Texas Administrative Code §133.20?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code, Section §408.0272 and 28 Texas Administrative Code §102.4?
3. Is the requestor entitled to reimbursement?

Findings

1. Pursuant to 28 Texas Administrative Code §133.20(b) states in pertinent part "Except as provided in Texas Labor code §408.0272...a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." Review of the requestor's documentation finds a copy of a letter sent to the requestor for informational purposes only, dated June 27, 2011 (Attachment C). This letter was sent to the injured employee by Nationwide Specialty Health in response to a claim submitted by the requestor for the disputed date of service. The letter is requesting accident details in order for the claim to be processed. This letter supports that the requestor submitted a bill within 95 days after the date the services were provided to the insurance company that was given by the injured employee at the time services were rendered. Further review of requestor's documentation finds a copy of Inquiry-Patient Notes (Attachment D) showing that on 09/14/2011 they received a call from Amber Castillo with Gallagher Bassett providing requestor with workers' compensation information. For this reason, Texas Labor code §408.0272 applies to the services in dispute and the requestor was required to submit the medical bill to the correct insurance carrier no later than 95 days after the date the requestor was notified of their erroneous submission.
2. For that reason, the requestor in this dispute was required to send the medical bill no later than 95 days after the service in dispute was provided. 28 Texas Administrative Code §102.4(h) states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus 5 days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of requestor's documentation finds a copy of Explanation of Benefits dated, 10/06/2011. This Explanation of Benefits supports that the requestor submitted a bill to the correct insurance carrier within 95 days after they were notified of their erroneous submission in accordance with Texas Labor code §408.0272.

3. In accordance with Texas Labor Code §408.0272, the Requestor has timely submitted bill to the respondent. The requestor's documentation supports the services rendered. Therefore, reimbursement is recommended per 28 Texas Administrative Code §134.203 as follows:

CPT code 73560: 54.54 WC CF/33.9764 Medicare CF x 29.48 Participating amount = \$47.32

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$47.32.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$47.32 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

04/13/2012
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.